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STATE OF CALIFORNIA

SPECIAL INSPECTION VERIFIED REPORT

Date of Report:

DSA App. #: -

B.	My inspections were performed in accordance with the requirements of the DSA approved construction documents.
C.	<p>I know of my personal knowledge that: <i>(Check only 1 box.)</i></p> <p>The required special inspections met the requirements of the DSA approved construction documents; any non-compliant inspected work issues have been resolved by the date of this report.</p> <p>Any non-compliant inspected work that has not been resolved by the date of this report is listed on an attachment to this report (form DSA 211).</p>
D.	All special inspection reports pertinent to my services have been filed as required by Sections 4-335 and 4-336 of Part 1, Title 24, CCR.

I declare under penalty of perjury that I prepared the above report and that all statements are true.

SPECIAL INSPECTOR SIGNATURE:

DATE:

PRINT NAME:

DSA CERTIFICATION NO.: *(If applicable.)*

ADDRESS:

CITY:

STATE:

ZIP:

E-MAIL ADDRESS:

PHONE NUMBER:

Submit completed form to the DSA Regional Office with construction oversight authority for the project.

<input type="checkbox"/> DSA OAKLAND 1515 Clay Street, Suite 1201 Oakland, CA 94612	<input type="checkbox"/> DSA SACRAMENTO 1102 Q Street, Suite 5200 Sacramento, CA 95811	<input type="checkbox"/> DSA LOS ANGELES 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012	<input type="checkbox"/> DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127
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